

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90016 018 ***150.00

DOCUMENT # P93000006882

1. Corporation Name
ADA COMPLIANCE CONSULTANTS, INC.



Principal Place of Business
75 NE 6TH AVENUE
SUITE 218-A
DELRAY BEACH FL 33444
US

Mailing Address
75 NE 6TH AVENUE
218-A
DELRAY BEACH FL 33444
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 4745 Nolina Lane
Suite, Apt. #, etc.
22
City & State
23 Boynton Beach, FL.
Zip Country
24 33436 25 Palm Bch 29 33436 30 Palm Bch.

2a. Mailing Address
26 4745 Nolina Lane
Suite, Apt. #, etc.
27
City & State
28 Boynton Bch, FL.
Zip Country
29 33436 30 Palm Bch.

3. Date Incorporated or Qualified
01/25/1993

4. FEI Number
65-0385193

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GERHARDT, ROBERT E
75 NE 6TH AVENUE
SUITE 218-A
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name Gerhardt, Robert E.
82 Street Address (P.O. Box Number is Not Acceptable)
4745 Nolina Lane
83
84 City Boynton Beach FL 85 Zip Code 33436

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PTSD	GERHARDT, ROBERT E	1735 PALMLAND DR	BOYNTON BCH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
Pres. - D	Gerhardt, Robert E.	4745 Nolina Lane	Boynton Bch, FL.	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/99 561-364-1994

CR2E034 (1/98)

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